

# PRIOR AUTHORIZATION INFORMATION PACKET



## Dear HNL Genomics (CTGT) Customers,



As you are aware, many third-party payers require **Prior Authorization** for patients in need of important genetic and molecular laboratory testing. Without a **Prior Authorization**, your patient's claim for reimbursement of the test will be rejected and they may receive a significant bill from CTGT-HNL Lab Medicine for this testing.

HNL Genomics (CTGT) will partner with you in obtaining **Prior Authorization**. While many insurers require that the health care professional ordering the test apply for **Prior Authorization**, HNL Genomics (CTGT) will work to submit the request on behalf of you and your patient (in most instances) so that testing can be authorized, performed and reimbursed without significant delay or co-payment required.

The **Prior Authorization** process requires that the insurance company is provided necessary clinical information to support the clinical need for the test. HNL Genomics (CTGT) has provided the attached form to easily collect the relevant information that we may convey to the insurance company. In some instances, this form may not answer all the questions that the insurance company requires. For this reason, our staff may contact your office for additional information if the insurance company requires it.

HNL Genomics (CTGT) also requires that all requests for genetic and molecular laboratory testing are accompanied by the attached Clinical History Form **AND** a recent pathology report, relevant clinic encounter notes or medical genetics consultation. HNL Genomics (CTGT) will process the patient's specimen to ensure stability of the specimen but may HOLD the specimen and NOT complete the test until all information for the **Prior Authorization** is received.

# THANK YOU

for entrusting your patients to  
HNL Genomics (CTGT)

### Helpful Tips

- **Prior Authorization** for genetic and molecular laboratory testing is required by many, but not all, third party payers.
- When HNL Genomics (CTGT) can bill the patient's insurance directly for genetic and molecular laboratory testing, HNL Genomics (CTGT) will submit **Prior Authorization** requests.
- In cases where HNL Genomics (CTGT) Medicine will be submitting the **Prior Authorization** request and billing the patient's insurance, HNL Genomics (CTGT) requires completion of a Clinical History Form in addition to a test requisition.
- HNL Genomics (CTGT) will process and HOLD all specimens referred for genetic and molecular laboratory testing until ALL necessary clinical information for **Prior Authorization** submissions are received.
- HNL Genomics (CTGT) reserves the right to bill the client or your patient for genetic and molecular laboratory testing in which **Prior Authorization** information is not received, or the third-party payer denies the request.
- If **Prior Authorization** is denied, the ordering facility will be notified and given the option to cancel the test. If the test is canceled, a DNA extraction fee may apply.
- **Prior Authorization** is not a guarantee of payment.

# Frequently Asked Questions



## What is a Prior Authorization?

Prior Authorization, also known as a pre-authorization or pre-certification, is a clause in the health insurance policy that says the patient must get permission from their health insurance company before they receive certain health care services which includes specialized laboratory testing.

This process was developed to help ordering health care professionals, laboratories and their patients receive a quicker coverage determination by giving them information:

- If a member's benefit plan requires prior authorization.
- When additional clinical information is required to make a coverage decision.
- Whether the request meets third party's clinical and coverage policy criteria.

## Which services have a Prior Authorization requirement?

Specialized laboratory testing that requires Prior Authorization can usually be found on the health plan's website or by calling the health plan directly. Many genetic and molecular tests require Prior Authorization for outpatient services.

## Who is responsible for obtaining Prior Authorization?

The health care professional who is ordering the testing is responsible for obtaining Prior Authorization for the specialized laboratory test. If the health care professional's office does not obtain the necessary Prior Authorization before testing, the patient will be responsible for payment, which can range in cost from just under one hundred dollars to thousands of dollars based on the test ordered.

## Can HNL Genomics (CTGT) get the Prior Authorization for me?

Yes! If you complete the Clinical History Form attached, we can attempt the process for you.

## What information will be considered as part of the clinical coverage reviews for genetic and molecular laboratory testing?

Clinical coverage reviews will be based on third party clinical policy requirements for coverage. These policies include clinical criteria and information about coverage eligibility for related services. If a request needs review or requires additional clinical information, we will contact the ordering health care professional.

## What if I still have questions?

For questions please email [HNLGenomicsinquiries@HNL.COM](mailto:HNLGenomicsinquiries@HNL.COM)

# Genetic and Molecular Laboratory Testing Clinical History Form



Clinical history information and prior authorization are required by third party payers to reimburse for genetic and molecular laboratory testing. Submit this form with a **HNL Genomics (CTGT) Test Requisition Form**.

PATIENT INFORMATION		
First Name	Last Name	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Gender (optional): _____	Date of Birth (MM/DD/YYYY)	Last 4 Digits of SS #
Address		
City	State	Zip Code
Email		
Primary Phone		
Patient Status - one must be checked: <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient - Date of Discharge: _____ <input type="checkbox"/> Not a Hospital Patient		
Patient Sample Collection Date (MM/DD/YYYY)		

BILLING INFORMATION
Bill to: <input type="checkbox"/> Client <input type="checkbox"/> Patient (Self-Pay) <input type="checkbox"/> Patient Insurance

PATIENT INSURANCE INFORMATION		
Please include copy of insurance card (front/back)		
Member Name		
Date of Birth (MM/DD/YYYY)	Relationship to Patient	
Member Policy Number	Member Group Number	
Insurance Company Name	Insurance Company Phone	
Insurance Company Address		
City	State	Zip Code

ACCOUNT INFORMATION		
Account Number	Account Name	
Phone	Fax	
Address		City
State	Zip Code	Country

ORDERING HEALTH CARE PROFESSIONAL	
Name	Title / Role
Phone	NPI #
Email Address (for report access)	
Fax	

## Additional Information

Primary indication(s) for ordering this test.
<b>ICD-10 Code(s):</b> (Required)
Test Code(s):
How will the result of this test influence the diagnosis or the patient's treatment plan?
If this test is for genetic purposes, does the patient display clinical features of the inherited mutation in question? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what are those features?
For genetic testing, is there a family history of this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all affected family members and relationship to patient (i.e. mother, father, sibling, maternal grandmother, etc.)



## Required Prior Authorization Information

Please attach / include:

- Pathology Report
- Consent for Genetic Testing
- Family Genetic Pedigree Chart
- Copy of Insurance Card
- Relevant Clinical Notes
- Genetics Counselor Note
- Sample

## Patient Authorization/Assignment

I authorize **HNL Genomics (CTGT)** to obtain and release relevant medical and other information to Medicare, Medicaid, Medicare Supplemental and any other insurance providers for laboratory services provided to me.

	_____
	Patient/Guardian Printed Name
	_____
	Signature
	_____
	Date

Please fill out the above information and sign. Email or Fax this completed form to **HNLGENOMICSINQUIRIES@HNL.COM** or fax **1-484-425-5846**.